



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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### PHYSICIAN BULLETIN

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#### HYSTERECTOMIES

Missouri Medicaid requires an Acknowledgement of Receipt of Hysterectomy Information Form and a Second Surgical Opinion Form be submitted with claims for payment for all hysterectomy procedures per 13 CSR 70-3.110.

The following is a complete list of procedures that require an Acknowledgement of Receipt of Hysterectomy Information Form and a Second Surgical Opinion form be submitted with claims for payment:

51925	58260	58285	58552
58150	58262	58290	58553
58152	58263	58291	58554
58180	58267	58292	58951
58200	58270	58293	58953
58210	58275	58294	58954
58240	58280	58550	59525

For more information regarding hysterectomies, reference the [Physician Manual](#), Section 13.40.J.

**DIALYSIS****Physician Services**

Missouri Medicaid Management Information Systems editing has identified common errors when billing physician's dialysis services.

**Monthly ESRD Services**

Procedure codes 90918 - 90921 (based on the patient's age) are reported ONCE per month for End Stage Renal Disease (ESRD) services. When billing for monthly supervision, identify only the first date of the month as the date of service and the number of units should be "1". Monthly procedure codes should not be used if the patient is hospitalized during the month.

**Daily ESRD Services**

Procedure codes 90922 - 90925 (based on the patient's age) are reported when ESRD services are not performed consecutively during an entire full month (e.g. patient is hospitalized, ESRD services are initiated after the first of the month or when the physician is not involved in continuous supervision of the patient). The appropriate procedure code (based on the patient's age) is reported less the days of interruption (e.g. patient is hospitalized, ESRD services are initiated after the first of the month or when the physician is not involved in continuous supervision of the patient).

Example: Patient is admitted to the hospital as an inpatient on July 11 and discharged on July 27, 17 days of hospitalization. The appropriate daily ESRD dialysis procedure code would be billed as July 1 – July 10 = 10 days and July 28 – July 31 = 3 days for a total of 13 days billed.

Example: Patient is in the hospital on July 1 and discharged on July 3, which is 3 inpatient days for July. The appropriate daily ESRD procedure code would be billed from July 4 – July 31 = 28 days total billed.

Daily visits are not to be billed for ongoing/monthly supervision. Please note monthly and daily supervision are not to be billed in the same month.

For more information concerning physician dialysis services please reference Section 13.58.A of the [Physicians Manual](#) and the Current Procedural Terminology (CPT) Book.

**Freestanding Dialysis Clinics, Provider Type 50 & 55**

In order to comply with national standards for transactions and code sets as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, which was enacted on August 21, 1996 and 45 Code of Federal Regulations 162 Subpart J., effective for dates of service August 1, 2004 and after Missouri Medicaid is replacing Medicaid-specific procedure codes/modifiers for the technical component of dialysis provided in a freestanding dialysis clinic and home services.

Clinic Services

<b>Medicaid Specific Code/Modifier</b>	<b>Replacement Procedure Code Effective for Dates of Service 8/1/04</b>
90935 TC	90999 SU
90937 TC	90999 SU
90945 TC	90999 SU
90947 TC	90999 SU

Services in the Home

<b>Medicaid Specific Code/Modifier</b>	<b>Replacement Procedure Code Effective for Dates of Service 8/1/04</b>
90935 U8	S9335
90945 U8	S9339

**Hospital-based Dialysis Clinics, Provider Type 01**

In order to comply with national standards for transactions and code sets as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, which was enacted on August 21, 1996 and 45 Code of Federal Regulations 162 Subpart J., effective for dates of service August 1, 2004 and after Missouri Medicaid will begin accepting the appropriate revenue codes for dialysis services provided in hospital based dialysis clinics.

Outpatient or Home Services

<b>Revenue Code</b>	<b>Description</b>
0821	Hemodialysis
0831	Peritoneal Dialysis
0841	Continuous Ambulatory Peritoneal Dialysis (CAPD)
0851	Continuous Cycling Peritoneal Dialysis (CCPD)

For more information concerning dialysis services please reference Section 13.58 of the [Physicians Manual](#).

**Provider Bulletins** are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the listserve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

**Provider Communications Hotline**  
**800-392-0938 or 573-751-2896**